

"Express Mail" mailing label number EL541614404US

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box → ☐

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐

Declaration
Submitted
with Initial Filing

OR

☒

Declaration
Submitted after
Initial Filing

Attorney Docket
Number

C 2041 PCT/US

First Name and
Inventor

DeMORAGAS, Maria

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DECORATIVE COSMETIC PREPARATIONS CONTAINING CHITOSAN MICROCAPSULES
CHARGED WITH ACTIVE INGREDIENTS**

the specification of which

(Title of the Invention)

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

08/09/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/07717

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
99116262.9	EP	08/18/1999	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Pag 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/07717	08/09/2000	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Aaron R. Ettelman	42,516
Steven J. Trzaska	36,296	Henry E. Millson, Jr.	18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☒ Fill in correspondence address below

Name **Aaron R. Ettelman**

Address

Address

City State ZIP

Country Telephone **610-278-4930** Fax **610-278-4971**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned

Given Name	Maria	Middle Initial		Family Name	DeMORAGAS	Suffix e.g. Jr.	
------------	--------------	----------------	--	-------------	------------------	-----------------	--

Inventor's Signature	<input type="text"/>	Date	<input type="text"/>
----------------------	----------------------	------	----------------------

Residence: City	Argentona, Barcelona	State		Country	Spain	Citizenship	Spain
-----------------	-----------------------------	-------	--	---------	--------------	-------------	--------------

Post Office Address	Calle Sant Narcis, 28, Bajos
---------------------	-------------------------------------

Post Office Address	<input type="text"/>
---------------------	----------------------

City	08310 Argentona, Barcelona	State		Zip		Country	Spain	Applicant Authority	
------	-----------------------------------	-------	--	-----	--	---------	--------------	---------------------	--

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	J s p	Middle Initial		Family Name	GARCES GARCES	Suffix e.g. Jr.	
------------	-------	----------------	--	-------------	---------------	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	Martorell, Barcelona	State		Country	Spain	Citizenship	Spain
-----------------	----------------------	-------	--	---------	-------	-------------	-------

Post Office Address C. Francesc Macia, 19-3°-1ª

Post Office Address

City	08760 Martorell, Barcelona	State		Zip		Country	Spain	Applicant Authority	
------	----------------------------	-------	--	-----	--	---------	-------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Josep-Lluis	Middle Initial		Family Name	VILADOT PETIT	Suffix e.g. Jr.	
------------	-------------	----------------	--	-------------	---------------	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	Barcelona	State		Country	Spain	Citizenship	Spain
-----------------	-----------	-------	--	---------	-------	-------------	-------

Post Office Address C. Comte d'Urgell, 230-6°-2ª

Post Office Address

City	08036 Barcelona	State		Zip		Country	Spain	Applicant Authority	
------	-----------------	-------	--	-----	--	---------	-------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address

Post Office Address

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address

Post Office Address

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

☐ Additional inventors are being named on supplemental sheet(s) attached hereto